



# Change of Address Form

Date: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qual: \_\_\_\_\_

Property Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Change the mailing address on the above property to:

\_\_\_\_\_  
\_\_\_\_\_

Change address for:

Taxes: \_\_\_\_\_

Water: \_\_\_\_\_

Water Billing: \_\_\_\_\_

Sewer: \_\_\_\_\_

\_\_\_\_\_

Owner's Signature

\_\_\_\_\_

Assessor Signature & Date

RETURN FORM TO:

TAX ASSESSOR OFFICE

300 ENGLSIDE AVE.

BEACH HAVEN, NJ 08008

TAXASSESSOR@BEACHHAVEN-NJ.GOV